Department of the Treasury Internal Revenue Service

## Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

~	ו טו נוופ	2013 Calefluar year, or tax year beginning	enung		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre	S NAMED OF MUICE INC			
	Name chang	Doing Business As		06-1	530091
	Initial return Termir	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r 673-4344
F	ated Amend			G Gross receipts \$	735,453.
F	return Applic			H(a) Is this a group re	
	Ition pendir	F Name and address of principal officer:LISA GAUTIER			? Yes X No
			94109	H(b) Are all subordinates in	
_	T	empt status: X 501(c)(3) 501(c) ( )		1	
		re: MATTEROFTRUST.ORG	01 321	1	list. (see instructions)
		organization: X Corporation	I Voor	H(c) Group exemption	State of legal domicile: CT
_	art I	Summary	L I Gai	or formation. ±550  N	Joiate of legal doffliche, CI
<u>'</u>		Briefly describe the organization's mission or most significant activities: OUR 1	MTSSTC	N TS TO BAT.	ANCE
Activities & Governance		ABUNDANCE WITH NEEDS.			
ern		Check this box 🕨 📖 if the organization discontinued its operations or dispos		1 1	
Š		Number of voting members of the governing body (Part VI, line 1a)			9
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)			9
es		Total number of individuals employed in calendar year 2013 (Part V, line 2a)			0
Ĭ	6	Total number of volunteers (estimate if necessary)		6	0
Act	1	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	·····	7b	0.
Revenue				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		107,780.	356,518.
		Program service revenue (Part VIII, line 2g)		0.	378,935.
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		107,780.	735,453.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	5,706.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ž	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	400 550	650 605
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		103,758.	658,627.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		103,758.	664,333.
- (		Revenue less expenses. Subtract line 18 from line 12		4,022.	71,120.
Sor	2		Ве	ginning of Current Year	End of Year
Net Assets	20	Total assets (Part X, line 16)		6,474.	83,222.
et A	21	Total liabilities (Part X, line 26)		0.	5,628.
		Net assets or fund balances. Subtract line 21 from line 20		6,474.	77,594.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedule:			y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		Signature of officer		 Date	
Sig		,		Date	
He	re	LISA GAUTIER, PRESIDENT Type or print name and title			
_			П	Date Check	PTIN
Pai	Н	Print/Type preparer's name  DOMINIC F. MASSONI CPA  Preparer's signature	[	if	
	parer			self-employe	46-1470793
	only	Firm's name DOMINIC F. MASSONI, CPA Firm's address 2134 VAN NESS AVENUE		Firm's EIN ▶	40-14/0/33
036	Unity	SAN FRANCISCO, CA 94109-2511		Phone no. (4	15) 673-4344
N/a	v tha IF	RS discuss this return with the preparer shown above? (see instructions)		[FIIOHEIIO. \ 4	X Yes No
IVId	y ule li	10 GISCUSS LINS TELUTTI WILL LITE DIEDATEL SHOWLI ADOVE! (SEE INSTRUCTIONS)			🗠 155 📖 110

ı a	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO BALANCE ABUNDANCE WITH NEEDS. MOTHER NATURE ACTS AS A CATALYST,	
	PROVIDES FOR NECESSITIES, ORCHESTRATES ENDURING CYCLES, AND INTEGRAT	res
	SYSTEMS. WE FOLLOW HER LEAD. INTENTIONALLY, WE ONLY CONCENTRATE OF	1
	WHAT WE DO WANT TO SEE IN THE FUTURE FOR OUR ENVIRONMENT.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	ınd
	revenue, if any, for each program service reported.	
4a	<u> </u>	<b>401.</b> )
	WE IDENTIFY AND DEVELOP SOLUTIONS FOR MANMADE SURPLUS, SORTING WASTI	
		√E
	OVERHAULED OUR ONLINE GIFT IN KIND MATCHING SYSTEM AND PARTNERED WIT	ГН
	OTHER REUSE ORGANIZATIONS FOR OUR EXCESS ACCESS PROGRAM. AND WE	
	STARTED A RECYCLED MATERIALS MUSICAL INSTRUMENTS PROGRAM CALLED MUSICAL INSTRUMENTS PROGRAM PROGRAM CALLED MUSICAL INSTRUMENTS PROGRAM CALLED MUSICAL PROGRAM CALLED MUSICAL PROGRAM CALLED MUSICAL PROGRAM PROGR	IC
	MATTERS.	
	12 106	<b>-</b> 4
4b	(Code: ) (Expenses \$ 13,106. including grants of \$ ) (Revenue \$	<b>54.</b> )
	WE RESEARCH AND HIGHLIGHT INNOVATIONS AND EXPERTS ON RENEWABLE	
	RESOURCES, THEN MOBILIZE PUBLIC SUPPORT AND PROMOTE ADVANCES WITH	
	ENTHUSIASM. WE UPDATED OUR HAIR / FUR / WASTE FLEECE CLIPPINGS	т
	RECYCLING PROGRAM USING THESE FIBERS FOR OIL SPILL CLEAN UP RESEARCH AND CLASSROOM DEMOS. WE STARTED AN URBAN FARMING PROGRAM AT THE	1
	AND CLASSROOM DEMOS. WE STARTED AN URBAN FARMING PROGRAM AT THE ECO-CENTER.	
	ECO-CENTER.	
4c	(Code: ) (Expenses \$ 539,331 • including grants of \$ ) (Revenue \$ 363,4	180. \
40	(Code:) (Expenses \$	<u> </u>
	RESOURCES, THEN MOBILIZE PUBLIC SUPPORT AND PROMOTE ADVANCES WITH	
	ENTHUSIASM. WE OPENED AN ECO-CENTER PROVIDING AFTER SCHOOL CLASSES	
	ADULT COURSES, FIELD TRIPS AND SUMMER ECO-CAMPS. THE ECO-CENTER	<u>′                                    </u>
	DISTRIBUTES ECO-INFORMATION FOR OUR ORGANIZATION AND MANY OTHER	
	NONPROFIT AND GOVERNMENT AND CORPORATE ENTITIES. WE PROMOTE GREEN OF	TORS
	AND GREEN PRODUCTS LOCALLY MADE AND SUSTAINABLY MANUFACTURED.	ОДБ
	AND GREEK IRODOCID EOCHEEI MADE AND DODIAINADEL MANOLACIORED.	
	Other program services (Describe in Schedule O.)	
iu	(Expenses \$ including grants of \$ ) (Revenue \$ )	
	Total program service expenses   635,443.	
	Form 99	<b>90</b> (2013

## Form 990 (2013) MATTER OF TR Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
_	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
20°	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	1 100 to mile 200, sie the organization distant a sopy of the dedited milanella statements to this return:		000	(0040)

## Form 990 (2013) MATTER OF TRUST, I Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			\ <sub>37</sub>
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<sub>v</sub>
<b>-</b>	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		┝┸
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	000	(00.40)

# Form 990 (2013) MATTER OF TRUST, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

	Officer if Octificating a response of flote to any line in this rare v				Ш
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				
_	(gambling) winnings to prize winners?	I	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	<sub>2a</sub>			
	filed for the calendar year ending with or within the year covered by this return				
р	If at least one is reported on line 2a, did the organization file all required federal employment tax returned by the second of		2b		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		3a		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		30		
40	financial account in a foreign country (such as a bank account, securities account, or other financial	• •	4a		х
h	If "Yes," enter the name of the foreign country:	accounty?	40		
b	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		-		
			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribute				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file February		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D				
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?		9a		
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		
			Form	990	(2013)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		_	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40		Х
12a		12a		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b		
C		12c		
13	in Schedule O how this was done  Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	d finar	rcial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza ${\tt DOMINIC}$ ${\tt MASSONI}$ - ${\tt 415-673-4344}$	tion:	_	

Form **990** (2013)

2134 VAN NESS AVENUE, SAN FRANCISCO, CA

94109

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	one h an	compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	hours for related organizations below line)		organizations (W-2/1099-MISC)	compensation from the organization and related organizations						
(1) JANET STANDEN	2.00							0.	0.	0
CHAIR (2) TRAVIS CRIPPS	2.00							0.	0.	0.
VICE CHAIR	2.00							0.	0.	0.
(3) MICHELLE YOUNG	2.00									
SECRETARY		1						0.	0.	0.
(4) LISA GAUTIER	40.00									
TREASURER / PRESIDENT		1						0.	0.	0.
(5) PATRICE GAUTIER	2.00									
BOARD MEMBER		1						0.	0.	0.
(6) MARIA SURRICCHIO	2.00									
BOARD MEMBER								0.	0.	0.
(7) PETER DE VRIES	2.00									
BOARD MEMBER								0.	0.	0.
		_								
		$\vdash$								
										- 000

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Section A. Officers, Directors, 1	rustees, Key Em	pioy	ees,	, an	a Hi	gne	ST C	ompensated Employe	es (continuea)			
<b>(A)</b> Name and title	(B) Average	<b>.</b>		)) Pos	itior			<b>(D)</b> Reportable	<b>(E)</b> Reportable	,	( <b>F</b> ) Estima	
	hours per week	box	, unles	ss pe	rson	than is bot or/trus	h an	compensation	compensation	on	amoui	nt of
	(list any	<del></del>						from the	from related organization		oth compen	
	hours for related	e or dire	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	from organiz	
	organizations	al truste	nal trus		oyee	sompen e		(** 27 1033 141100)			and re	
	below line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	ations
			_		_							
		1										
1b Sub-total								0.		0.		0.
c Total from continuation sheets to Par								0.		0.		0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including b									),000 of reportab			
compensation from the organization	<u> </u>										Ye	0 s No
3 Did the organization list any former offi	cer, director, or tru	uste	e, ke	y er	nplo	oyee,	orl	highest compensated e	mployee on		10	3 140
line 1a? If "Yes," complete Schedule J											3	X
4 For any individual listed on line 1a, is the and related organizations greater than s											4	х
5 Did any person listed on line 1a receive	or accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv	idual for services	s [		7,7
rendered to the organization? If "Yes," ( Section B. Independent Contractors	complete Schedul	e J f	or su	ıch	pers	son .					5	Х
1 Complete this table for your five highes										npens	ation from	1
the organization. Report compensation (A)	for the calendar y	ear (	endii	ng v	vith	or w	ithir 	n the organization's tax y	year.		(C)	
Name and busin	ness address	NC	ONE	<u> </u>				Description of s	ervices	С	ompensa	ion .
							+					
2 Total number of independent contractor	ors (including but r	not lii	mite	d to	tho	se lis	sted	l above) who received m	nore than			
\$100,000 of compensation from the org	ganization >				(	0					201	

		Check if Schedule O cont	aine a reenonee	or note to any lin	e in this Part VIII			
		Officer if Octicadic O Cont	anis a response	of flote to arry in	(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or exempt function	Unrelated business	from tax under
						revenue	revenue	sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
Am's	С	Fundraising events	1c					
를 날	d	Related organizations	1d					
ini,	е	Government grants (contribut	ions) <b>1e</b>					
흔	f	All other contributions, gifts, gran						
호취		similar amounts not included abov	ve <b>1f</b>	356,518.				
E S	g	Noncash contributions included in lines	1a-1f: \$	81,053.	256 542			
<u>8 0</u>	h	Total. Add lines 1a-1f		1	356,518.			
				Business Code	270 025	270 025		
<u>i</u>	2 a	PROGRAM SERVICE	is	611710	378,935.	378,935.		
ne C	b							
n S	С							
gra Re	d							
Program Service Revenue	е							
-		All other program service reve			378,935.			
$\dashv$		Total. Add lines 2a-2f			370,933.			
	3	Investment income (including						
	4	other similar amounts)						
	4 5	Royalties		1				
	3	noyaliles	(i) Real	(ii) Personal				
	6 2	Gross rents	(i) Neai	(ii) Fersoriai				
		Less: rental expenses						
		Rental income or (loss)		1				
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	(i) Goodinioo	(ii) Garioi				
	b	Less: cost or other basis						
	_	and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
ا ه		Gross income from fundraising						
anue		including \$	of					
eve		contributions reported on line	1c). See					
퓌		Part IV, line 18	a					
Other Reve	b	Less: direct expenses						
ا ۲	С	Net income or (loss) from fund	draising events	<b></b>				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	-					
	10 a	Gross sales of inventory, less						
	_	and allowances						
		Less: cost of goods sold						
ł	С	Net income or (loss) from sale						
}	11 -	Miscellaneous Revenu		Business Code				
	11 a							
	b							
	c d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			735,453.	378,935.	0.	0.
33200 10-29				P	•	· · · · · · · · · · · · · · · · · · ·		Form <b>990</b> (2013)

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## | Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,313.		5,313.	
8	Pension plan accruals and contributions (include	3,313		5,515.	
0	section 401(k) and 403(b) employer contributions)				
•					
9	Other employee benefits	393.		393.	
10	Payroll taxes	393.		393.	
11	Fees for services (non-employees):				
a	Management				
b	Legal	0 400		0 400	
С	Accounting	8,428.		8,428.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	221.		221.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	450.		450.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,827.		4,827.	
24	Other expenses. Itemize expenses not covered	,			
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ECO-EDUCATION	539,331.	539,331.		
b	MANMADE SURPLUS	83,006.	83,006.		
c	NATURAL ABUNDANCE	13,106.	13,106.		
d	CLEANING SERVICE	3,750.	-,	3,750.	
-	All other expenses	5,508.		5,508.	
25	Total functional expenses. Add lines 1 through 24e	664,333.	635,443.	28,890.	0.
26	Joint costs. Complete this line only if the organization	22,2334	110,110		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
22001	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2013)

Form 990 (2013)
Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X .		············	
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	6,474.	1	83,222
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined und	der		
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu	ting		
	employers and sponsoring organizations of section 501(c)(9) voluntary			
រុះ	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
<sup>4</sup>   8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,474.	16	83,222
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees	,		
	key employees, highest compensated employees, and disqualified persons			
22	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	5,628
26	Total liabilities. Add lines 17 through 25	0.	26	5,628
	Organizations that follow SFAS 117 (ASC 958), check here	nd		
27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	6,474.	27	77,594
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
5	Organizations that do not follow SFAS 117 (ASC 958), check here	_		
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	6,474.	33	77,594
34	Total liabilities and net assets/fund balances	C 4 17 4	34	83,222

1 0111	1000 (2010)			. u	<u> </u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			53.
2	Total expenses (must equal Part IX, column (A), line 25)	2			33.
3	Revenue less expenses. Subtract line 2 from line 1	3			20.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	5,4	74.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	77	7,5	94.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	iedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audite, explain why in Schedule O and describe any steps taken to undergo such audite		26		

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